

## **DHS-011 Amendment to the Iowa Plan for Behavioral Health Contract**

This 11<sup>th</sup> Amendment to Contract Number MED-09-020 is effective July 1, 2011, between the Iowa Department of Human Services (DHS), the Iowa Department of Public Health (DPH), and Magellan Behavioral Care of Iowa, Inc. (Contractor).

**Section 1: Background.** During the 2010 Legislative Session, DHS was directed to establish a Remedial Services Transition Committee ("Transition Committee") pursuant to Section 31 of House File 2526. The DHS convened the Transition Committee between August and December 2010. The Transition Committee was charged with reviewing the potential of moving remedial services from a fee-for-service program administered by the Iowa Medicaid Enterprise (IME) to the Iowa Plan for Behavioral Health ("Iowa Plan").

The Transition Committee endorsed the move of remedial services to the Iowa Plan and called for the re-branding of these services as Behavioral Health Intervention Services, to more appropriately capture the services provided. In addition to re-branding the services, the Transition Committee recommended the following changes to the program, aimed at improving quality and reducing unnecessary costs:

- Adopting a clear definition of behavioral health intervention services and differentiate between services provided in the community and services provided in a residential setting;
- Strengthening admission criteria for behavioral health intervention services to require a comprehensive assessment of all behavioral health services that an individual may need, not only behavioral health intervention services;
- Developing credentialing standards for behavioral health intervention services providers under the Iowa Plan that assures that providers have appropriate infrastructure, organization, and experience to provide high quality, supervised care and promote integration across all behavioral health and behavioral health intervention services;
- Focusing on program integrity, through increased credentialing standards, monitoring and training, as well as adopting the Iowa Plan's existing program integrity model;
- Providing ongoing education and training of members, providers, and other stakeholders to assure quality and program integrity;
- Including behavioral health intervention services as part of the Iowa Plan's Quality Management Plan, and require measurement of member outcomes, and provider performance standards; and
- Measuring the Iowa Plan on its performance in managing behavioral health intervention services.

**Section 2. Amendment to the Contract.** Section 4A.3.1 of RFP MED-09-010, which is incorporated into the Contract by reference, is hereby amended to include within the covered services scope of work Behavioral Health Intervention Services ("BHIS") as a covered service effective July 1, 2011. These services are described in the federally approved Iowa Medicaid State Plan at Supplement 2 to attachment 3.1-A pages 12-13 (paragraph beginning "Rehabilitative services"). Contractors duties in regards to BHIS include but are not necessarily limited the following:

#### 4A.3.1 Definition of Services.

- a. The Contractor shall adopt the definitions of behavioral health intervention services, and differentiate between services provided in the community and services provided in a residential setting that are consistent with the following:
  - (1) *Community-based Behavioral Intervention Services:* Supportive, directive and teaching interventions provided in a community-based environment that is designed to improve the individual's level of functioning as it relates to a mental illness with a primary goal of assisting the individual and his or her family to learn age appropriate skills to manage their behavior, and regain or retain self-control. Specific services offered, depending on age and diagnosis, include health and behavioral intervention, rehabilitation program, crisis intervention, skill development and training, and community psychiatric supportive treatment.
  - (2) *Residential Behavioral Health Intervention Services:* Supportive, directive and teaching interventions provided to children in a residential group care setting designed to improve the child's level of functioning as it relates to the child's mental illness with a primary goal of assisting youth in preparation to transition to the community and learning age appropriate skills to manage their behavior, and regain or retain self-control. Specific services offered, include health and behavioral intervention, and crisis intervention services.
- b. The Contractor shall require a comprehensive assessment of all behavioral health services that an individual may need not only behavioral health intervention services and shall ensure the behavioral health intervention services are integrated within a comprehensive treatment plan individualized to meet the member's mental health needs.
- c. For community-based behavioral health intervention services, an individual must have a mental health diagnosis and need for services that meet specific individual goals focused on one or more of the following to:
  - Address behavioral support in the community;
  - Address specific skills impaired due to a mental illness;
  - Assist children at risk for out of home placement; or
  - Transition back to the community or home following an out-of-home placement.
- d. For residential behavioral health intervention services, a child residing in group care may receive behavioral health intervention services that meet that child's individual goals and focuses on addressing behavioral health support and skills in the child's environment and assist children preparing to transition from a group care setting back to his or her home.
- e. The Contractor shall ensure coordination with child welfare services to meet children's mental health needs.

- f. Behavioral health intervention services shall include intensive behavioral intervention for children with autism, adhering to evidence based best practices that demonstrate improved outcomes for children, including applied behavior analysis models of care. Applied behavior analysis has been shown by multiple research studies to be the most evidence based course of treatment for children with autism. Research has shown that without effective intervention, most people with autism and other pervasive developmental disorders (PDD) require lifelong specialized educational, family, and adult services, at a total cost that is estimated at upwards of \$4 million per person. Cost benefit studies have shown that the implementation of early intensive behavior intervention have a significant savings per individual across their life span and includes individuals who have or previously have had a diagnosis of Intellectual Disabilities as well as Autism.

#### 4A.3.1.2 Utilization Management Guidelines and Authorization of Services

- a. The Contractor shall develop Utilization Management Guidelines that are reviewed annually consistent with other Iowa Plan Utilization Management Guidelines.
- b. The Contractor shall model its authorization for behavioral health intervention services after the authorization model it currently has in place for the Iowa Plan.
- c. The Contractor shall require an individual's parent or caregiver participate in the development of the individual treatment plan when the individual resides in the community.
- d. The Contractor shall develop Utilization Management Guidelines for applied behavioral analysis for children with autism, subject to approval by the Department. The guidelines shall ensure fidelity to best practice models. The guidelines shall:
  - (1) Define admission criteria for children. Applied behavioral analysis is a very intensive, high cost service that research shows is only effective for children who meet specific criteria. The admission criteria shall limit the service to children who meet defined diagnosis, functional, behavioral, and other criteria that are demonstrated in peer reviewed studies to benefit from the service.
  - (2) Define continued stay criteria that demonstrates improvement in the child's behaviors and/or functioning consistent with the requirements for a rehabilitative service.
  - (3) Define utilization criteria that ensure sufficient amount, duration and scope to ensure fidelity to evidence based applied behavior analysis models. The service is intensive, but not effective for all individuals. Utilization guidelines shall be limited to research based criteria, age, family involvement, and shall only continue as long as the service is having a measurable positive impact, but shall also be sufficient to adhere to best practice models.

- #### 4A.3.1.3 Network
- The Contractor shall develop a behavioral health intervention services network prior to the transition of these services to the Iowa Plan. As part of its efforts to develop a behavioral health intervention services network, the Contractor shall develop credentialing standards that providers must meet in order to participate as part of the network. As appropriate, the Contractor may rely on an external accreditation process. The Contractor shall, at a minimum, require credentialing standards that:

- Demonstrate infrastructure to appropriately monitor services being provided by staff;
- Staff meet minimum qualification levels (including some experience);
- Comprehensive training is provided to staff;
- Ongoing clinical support and supervision is provided; and
- Promotes collaboration between the behavioral health assessment and behavioral health intervention services, clinical services, and community resources.
- Separately identify providers of applied behavior analysis. Providers shall be limited to those with specific training and certificated or accredited by a national organization to provide applied behavior analysis.

#### 4A.3.1.4 Program Integrity

The Contractor shall utilize program integrity interventions already in place for the Iowa Plan for behavioral health intervention services, including sending a verification of services to a random sample of clients for whom behavioral health intervention services were claimed to determine that the services were actually received. The Contractor shall develop data mining techniques and conduct on-site audits to ensure program integrity. The Contractor shall ensure coordination with the Iowa Medicaid Enterprise Program Integrity Unit and the Department of Inspections and Appeals Medicaid Fraud Control Unit through regular meetings and sharing of information, including responses to all requests for information.

#### 4A.3.1.5 Ongoing Education and Training

The Contractor shall ensure ongoing education and training as described below.

- a. Ongoing education and training of the Contractor Staff.
- b. For Iowa Plan Members. The Contractor shall educate members on the availability of behavioral health intervention services including written materials that are focused on:
  - Understanding the comprehensive set of services available through the Iowa Plan to each member, based on a comprehensive assessment of individual need, and how to access those services;
  - Understanding member responsibilities in receiving services; and
  - Understanding the length of authorization, how and when services are re-authorized, and
  - How to prevent or identify fraud and abuse.
- c. For clinicians who provide the behavioral health assessment, training shall include:
  - Understanding of the comprehensive set of services covered through the Iowa Plan, including the re-branding of behavioral health intervention services and the inclusion of it within the Iowa Plan;
  - Understanding of the Iowa Plan's guidelines for assessment and development of an integrated treatment plan, including how to determine which services offered through the Iowa Plan will meet an individual's needs, and, in particular, when behavioral health intervention services, are likely to work best for a particular individual;
  - Training on the appropriate use of the GAF, the adult-focused Consumer Health Inventory (CHI) and the Consumer Health Inventory – Child Version (CHI-C).

- d. For Behavioral Health Intervention Services staff education and training sessions should focus on the following topics:
- Understanding the Iowa Plan, including available services, provider responsibilities, and billing requirements;
  - Understanding how to tailor behavioral health intervention services to an individual based on that individual's specific needs and goals, as well as the individual's family situation, and cultural and linguistic background; including,
    - Understanding of the necessary components of an individual's behavioral health intervention services treatment plan; and
    - Understanding the connection between a needed skill and the mental health diagnosis
  - Understanding how to measure an individual's progress in meeting goals;
  - Understanding what other clinical behavioral health services an individual is receiving and how behavioral health intervention services fits into an overall plan of care;
  - Understanding how to communicate with other providers that are also providing services to the same individual to allow for coordination of care across the treatment plan; and,
  - Understanding how to use the Iowa Plan's provider profiling report to improve the quality of behavioral health intervention services being provided.

#### 4A.3.1.6 Quality Improvement and Measurement

The Contractor shall conduct baseline and ongoing measurement for behavioral health intervention services that focus on member outcomes, provider performance standards, and Iowa Plan performance.

- a. **Member Outcomes.** The Contractor shall measure member outcomes as behavioral health intervention services are moved within the Iowa Plan. Specifically, the following that will be incorporated into the Performance Indicator measures.
- Increased number of members with comprehensive set of services (e.g., both clinical and behavioral health intervention services); and
  - Improved health and functional outcomes, as measured through the use of the CHI, CHI-C, and the Autism Treatment Evaluation Checklist (ATEC), which are used for other Iowa Plan services, to allow for consistent measurement across the Iowa Plan.
- b. **Provider Performance Standards.** The Contractor shall include behavioral health intervention services as part of the Iowa Plan's quality improvement retrospective review process, quarterly provider profiling and activities of the Iowa Plan Quality Improvement Committee.
- c. **Measurement of the Contractor.** The Contractor will be required to monitor behavioral health interventions, including but not limited to:

1. Service Coordination and Integrated Treatment (incentive)  
Members receiving both Iowa Plan clinical services and BHIS services will increase 5% during the year.
2. Quality of Care: Implementation of Group Care Discharge Plans (incentive)  
94% of all discharge plans written for Enrollees being released from a group care setting shall be implemented.
3. Quality of Care: Outcome Measurement – Medicaid Children and Adolescents (incentive)  
BHIS Scores will be added to the Current #8 Performance Indicator that carries an incentive.
4. Quality of Care: Discharge from Group Care Facility (disincentive)  
The Contractor staff will notify the DHS or JCO of the member prior to nonauthorizing any BHIS group care service 95% of the time.
5. Quality of Care: Treatment continuity (penalty)  
High volume BHIS providers (50 or more clients) will have a regularly scheduled review time to ensure access to Magellan's care management.
6. Quality of Care: Behavioral Health Assessment Aligned to BHIS services (monitoring)  
In the second 6-month period of the first contract period, 75% of the BHIS clinical records reviewed will align the member's behavioral health diagnosis and symptoms/day to day impairments with the treatment goals.
7. Quality of Care: BHIS and Clinical Consult (monitoring)  
By the end of the first contract period, 75% of the BHIS clinical records reviewed will show that the BHIS provider consulted at least quarterly with the practitioner who performed the assessment and/or the practitioner who is providing ongoing therapy.
8. Utilization Data (monitoring)  
Quarterly, or more often as requested, the Contractor will track and provide the number of children and adults receiving behavioral health intervention services, the average length of stay, diagnosis statistics, and analysis of the outcomes of the service, including but not limited to improvement of CHI scores.

The following is added to the contractual scope of work as the last paragraph in Section 3.3.2.4.2 of the RFP Scope of Work, which is incorporated into the Contract by reference:

Contractor shall recognize state agencies' rights to recover state payments made through the NEMT brokerage. Upon receipt of a state request to set off payments to a provider, Contractor shall set off payments to the effected provider to the fullest extent permitted by contractual obligations between Contractor and Contractor's transportation provider panel and return such set-off funds to DHS. On a going forward basis, Contractor's agreements with Contractor's provider panels shall include a clause recognizing this state rights of set off of payments.

**Section 4. Payment** for inclusion of BHIS in the Contract will be made through a capitation payment meeting all federal guidelines and requirements developed separately and apart from this 11<sup>th</sup> Amendment. Contractor shall be entitled to 6% (six percent) of the capitation payment for administration and overhead. The balance of the BHIS capitation payment shall be placed

into the claims fund for payment for services provided under the Iowa Plan. Contractor shall report quarterly to the Department of Human Services the total expenditures made to providers for these services and the total amount added to the claims fund for these services on a year-to-date basis. All requirements for management of the claims fund shall remain the same.

**Section 5. Ratification, Authorization & Contingency.** Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms. This amendment is subject to and contingent upon CMS approval.

**Section 6. Execution.** IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

**State of Iowa, acting by and through the Iowa Department of Human Services,**

By: CM Palmer Date: 6-24-11  
Charles M. Palmer, Director  
Iowa Department of Human Services

**State of Iowa, acting by and through the Iowa Department of Public Health,**

By: Kathy Stone Date: 6/24/11  
Kathy Stone, Division Director  
Iowa Department of Public Health

**Magellan Behavioral Care of Iowa, Inc. (Contractor)**

By: Anne M McCabe Date: 6/30/11  
Anne M. McCabe, President  
Magellan Behavioral Care of Iowa, Inc.